# Vocational Rehabilitation Services Manual Section C-700

Revised January 16, 2024

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### C-703: Policies for Services, Procedures, and Programs with Special Requirements

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### C-703-7: Cochlear Implant and Bone Anchored Hearing Aid Surgery

Surgery for a cochlear implant or a bone anchored hearing aid (BAHA) may be authorized when it is expected to correct or substantially modify a stable or slowly progressive hearing impairment that constitutes a substantial impediment to employment and/or training that is required for a specific employment outcome.

Documentation must address how the surgery will correct or modify substantially, within a reasonable period, the hearing impairment that constitutes a substantial impediment to employment.

TWC must use comparable benefits when possible when planning services related to hearing aids, cochlear implants, and BAHA for customers aged 18 and younger. To this extent, TWC may pay for any deductible, co-payments, and/or coinsurance for the provision of these goods and services if the total cost (insurance paid amount plus VR funds paid toward cost) does not exceed allowable VR contract rates.

Additionally, before planning surgical services, the customer must have:

* been diagnosed with a significant hearing loss and be unable to use a hearing aid effectively in the ear to be implanted;
* a stable or slowly progressive hearing impairment;
* good overall general health, as evaluated by a general history and physical examination;
* no evidence of problems that would preclude surgery or the aural rehabilitation program, including middle ear infection;
* for cochlear implant surgery:
  + an optimal inner ear structure, including an accessible cochlear lumen that is structurally suited to taking an implant; and
  + no evidence of lesions in the auditory nerve and acoustic areas of the central nervous system;
* for BAHA surgery, good inner ear function; and
* been evaluated by an otologic surgeon who is qualified to perform cochlear implant and BAHA surgeries.

The evaluation report completed by the otologic surgeon must include:

* diagnosis;
* recommendations for treatment; and
* prognosis.

The VR counselor must ensure that:

* the consultation with an LMC has occurred;
* for cochlear implant candidates, an effective aural rehabilitation program following surgery is available; and
* through counseling and guidance, the customer:
  + understands the prescribed treatment program and is willing and able to follow through;
  + acknowledges potential side effects; and
  + accepts that the device:
    - may be supplemented by a hearing aid in the other ear and/or use of other assistive listening devices; and
    - can create the perception of sound but will not restore normal hearing.

A courtesy packet is sent to the following for consultation before planning the surgery:

* the VR program specialist for the deaf and hard of hearing (for all caseloads except Blind and Visual Impairment (BVI) caseloads); or
* the state office manager for blind services field support (for BVI caseloads).

The courtesy case packet includes the:

* medical, audiological, speech, and language evaluations and other reports as specified;
* justification of how the surgery will correct or substantially modify the substantial vocational impediment within a reasonable period;
* Form VR3101, Consultant Review (completed by the local medical consultant); and
* Form VR3110, Surgery and Treatment Recommendations (completed by the otologist performing the surgery).

Refer to the checklist on the Deaf and Hard of Hearing intranet page for a complete list of items to be included in the courtesy packet.

After the VR program specialist for the deaf and hard of hearing or the state office manager for blind services field support reviews the courtesy packet, a case note documenting the consultation is entered in RHW.

VR Manager approval is required for cochlear implant and bone-anchored hearing aid surgery.

All medical services related to the provision of cochlear implants and BAHA must be performed by licensed and/or certified:

* otologists; and
* audiologists.

### C-703-36: Eye Surgery and Treatment for Eye Conditions

The purpose of eye medical services is to assist eligible VR customers with a visual impairment to prevent the onset of legal blindness or make an improvement in their visual impairment, and to allow them to maintain or seek employment and remain independent in their jobs.

Federal law requires that medical services (including corrective surgery or treatment) that are sponsored or supported by VR services must:

* have a direct effect on the customer's functional ability to perform the employment goal, or support other needed VR services; and
* be likely, within a reasonable period, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment.

34 CFR 361.5(39)(i)

For more information, refer to VRSM C-701: Professional Medical Services.

#### Eye Surgery Process

Before moving forward in completing the IPE and/or amending the IPE, and authorizing eye medical services, the VR counselor must:

* document how the customer's substantial impediment to employment will be addressed by the proposed eye surgery or treatment in a ReHabWorks (RHW) case note;
* obtain a written recommendation for planned eye medical services with current (within six months) procedural terminology codes from the surgeon or physician for the recommended procedures using the Form VR3109, Eye Surgery and Treatment Recommendation form or eye medical records (within 6 months);
* have appropriate reviews or approvals required, completed, and documented in RHW (if applicable); and
* determine whether the eye surgery or treatment will be coordinated by a unit VR team or the medical services coordinator (MSC).

After the completion of the above, the VR counselor must place the appropriate eye medical services on the IPE/IPE amendment before the eye medical services are completed.

The surgeon or physician must complete all relevant areas of the Form VR3109, Eye Surgery and Treatment Recommendation form that are relevant to the customer's eye condition. If information is missing, VR staff must return the form to the surgeon or physician for completion.

#### Local Medical Consultant Reviews for Eye Treatment and/or Eye Surgeries

Due to the nature of eye surgeries and treatments being low-risk procedures and to create more efficient and timely services for customers, a local medical consultant review is not required for eye surgeries or treatments. For more information, refer to VRSM C-701-2: Medical Services Required Review and Approvals Policy.

#### State Consultant Reviews or Consultations for Eye Treatment and/or Eye Surgeries

TWC's state ophthalmological consultant and state optometric consultant are available to address and answer questions pertaining to their respective eye specialties. State consultants do not address internal VR policy issues such as eligibility determinations for VR services. VR policy questions must always be directed to the appropriate supervisory or management channels.

For more information, refer to VRSM C-701-2: Medical Services Required Review and Approvals Policy and VRSM B-101-7: Consultants.

#### Determining Whether a State Consultant Review Is Needed

Before writing the IPE/IPE amendment and any time during the case progress, the VR counselor may choose to consult the state optometric consultant or the state ophthalmological consultant with questions. The VR counselor must use the Form VR2351, Request for MAPS Consultation for Visual Services. The VR counselor completes the Form VR2351 with relevant questions for the state consultant and sends all relevant medical records and documents that have been gathered.

State consultant reviews or consultations may be requested by the VR counselor if there are:

* conflicting or unclear eye medical records or documents;
* questions on recurring eye medical treatments;
* procedures not listed in MAPS;
* questions on requests from medical providers for a higher than normal cost; or
* requests for fees that exceed MAPS fees.

#### State Consultant Review for Eye Conditions

The table below provides guidance on when a state ophthalmological consultant review is required:

|  |  |
| --- | --- |
| **Eye Condition** | **State Ophthalmological Consultant Review Required** |
| Any surgery | If more than one surgeon is recommended on any procedure |
| Cataracts | If, more than two per eye, past cataract surgeries have occurred  If any lens other than a standard intraocular lens is recommended |
| Corneal Transplant | No |
| Diabetic Retinopathy | After 12 injections (per eye) and/or if injection cost is more than $300 per injection |
| Glaucoma (mild/moderate) | No |
| Glaucoma (advanced) | After 12 injections (per eye) and/or if injection cost is more than $300 per injection |
| Keratoconus (not severe) | No |
| Keratoconus (severe) | After one previous crosslinking procedure has occurred |
| Macular Degeneration (Wet or Dry) | After 12 injections (per eye) and/or if injection cost is more than $300 per injection |
| Ocular  Prosthesis Replacement | No |
| Retinal Detachment | No |

For additional approvals and consultation guidance, refer to VRSM E-200: Summary Table of Approvals, Consultations, and Notifications.

When a consultation is required, the state ophthalmological consultant will provide a recommendation to the VR counselor. Any decision contrary to the state ophthalmological consultant’s recommendation requires approval from the Deputy Division Director of Field Services Delivery.

For more detailed information on common eye conditions, treatments, or surgery, refer to the Counselor Desk Reference (CDR), C2: Blind and Visual Impairments.

#### Steps to Completing a State Ophthalmological or State Optometric Consultant Review

If a state consultant review is requested or required, VR staff must submit an email request to:

* [vr.mapsinquiry\_blindservices@twc.texas.gov](mailto:vr.mapsinquiry_blindservices@twc.texas.gov) and
* include in the subject line: State Consultant Review and Case ID number.

VR staff must include the Form VR2351, Request for MAPS Consultation for Visual Services, and the following information and attachments with the email:

* Purpose of the request
* Customer's case ID
* Pertinent medical records
* Form VR3109, Eye Surgery and Treatment Recommendation form (if completed)
* Form VR2006E, Interagency Eye Examination Report (if completed)

The Eye Surgery/Treatment Consultant Review checklist is available on the Medical services intranet page and may be used as a guide of what must be included in the email.

VR staff documents the outcome of the state consultant review in a case note in RHW using the drop-down case note title of Consultation/Review, Add to Topic: Eye Medical.

#### State Office Program Specialist Staffing

Eye surgeries with complex procedures may need more consultation by state office. State office program specialists are available if VR staff that have questions that cannot be answered by regional staff.

VR staff contacts the state office program specialist for blind services if the counselor has:

* questions regarding a need for an eye surgery;
* questions regarding the eye surgery process; or
* questions in general regarding blind services policy and procedure.

VR staff sends emails to [BVI\_staffing@twc.texas.gov](mailto:BVI_staffing@twc.texas.gov) with the subject line: Staffing Request and Case ID number.

VR staff contacts the state office program specialist for physical restoration at [vr.mapsinquiry\_blindservices@twc.texas.gov](mailto:vr.mapsinquiry_blindservices@twc.texas.gov) with the subject line "MAPS Request and Case ID number" if:

* codes are not listed in MAPS;
* the code is listed as $0; or
* codes end in "99" or the letter "T."

VR staff members must copy their immediate supervisor on all consultation requests. Refer to VRSM E-200: Summary Table of Approvals, Consultations, and Notifications for more information.

#### Eye Prescriptions

Eye prescriptions are prescribed by a physician for pre– and post–eye surgeries and also to assist in controlling an eye condition so that vision does not worsen. Some eye conditions could be eye infections, eye inflammation, or treat the eye pre- and post-surgery. Some eye conditions are temporary, and in most cases eye drops will resolve the issue quickly. Typically, glaucoma is treated with prescription eye drops first. Eye conditions, such as glaucoma, are chronic and may require prescription eye drops for a period longer than three months. For most eye surgeries, eye drops are not used for more than a month, with an exception being steroid drops for corneal transplants.

For any eye drops that a physician is recommending for treatment that exceeds a three-month time frame, VR Supervisor approval is required.

For more information, refer to VRSM C-703-24: Prescription Drugs and Medical Supplies and VRSM E-200: Summary Table of Approvals, Consultations, and Notifications.

#### Eye Injections

Certain retinal treatments are treated successfully using intravitreal injections. Injections are treatments that are used most commonly to treat diabetic eye disease, macular degeneration, and retinal vein occlusion. Treatments of eye injections that are conducted in the physician's office using a local topical anesthetic or a local subconjunctival lidocaine or retrobulbar injection may be coordinated by the VR Counselor/Rehabilitation Assistant (RA) team.

Customers may legitimately need continued injections to maintain their vision. Eye injections decrease the possibility of permanent vision loss, so maintaining a regular schedule of treatment to suppress the disease is critically important for maintaining long-term good vision. Once a customer is stabilized, a scheduled treatment plan may be implemented. Most commonly, an average of 12 injections per eye may be needed to stabilize an eye condition. After 12 injections per eye are completed, a state ophthalmological consultant review is required to reassess the customer's eye treatment.

Eye injections are not considered a prescription, but rather a physician recommended treatment.

For more information on State Consultant review requirements, refer to the State Consultant Review for Eye Conditions table above.

#### Documenting Eye Injections

The VR counselor must have regular counseling and guidance with the customer regarding applying for comparable benefits and payment options since the customer may need continued eye injections to maintain his or her eye health indefinitely. VR staff must enter case note(s) in RHW to document the effect and improvement of the customer's progress with the treatment of eye injections.

#### Exemption from MSC Coordination of Eye Surgery/Treatment

If the recommended surgery or procedure will be conducted in a physician's office or ambulatory surgical center with a local topical anesthetic or a local subconjunctival lidocaine or retrobulbar injection, it is exempt from MSC coordination. The VR counselor/RA team may coordinate these medical services at the local office level. A case note entered into RHW must clearly document the appropriateness of the VR counselor/RA team coordinating the eye medical service. All corresponding medical records and/or evaluations must be placed in the paper case file.

Note: For the purpose of VR service delivery, local anesthesia is considered a local topical anesthetic or a local subconjunctival lidocaine or retrobulbar injection that is used during in-office procedures with no anesthesia staff present and does not require a separate billing from an anesthesiologist or certified registered nurse anesthetist (CRNA).

If the surgery or treatment is required to be sent to the regional MSC, frequent communication between the MSC and VR counselor/RA team is advised.

Follow guidance in VRSM C-701-3: Coordinating with the Medical Services Coordinator.

#### Discharge Procedure for Eye Surgeries

Because most eye surgeries and treatments are performed in a physician's office, eye surgeries are exempt from the requirement to contact the customer at discharge. The VR counselor must contact the customer as soon as possible to provide counseling and guidance and to get an update on the procedure. The VR counselor then documents the conversation in RHW.

#### Corneal Transplants

Corneal transplant, also called a keratoplasty, is a surgical procedure in which the corneal tissue is replaced with donor tissue. Most of the time, corneal transplants are conducted as an outpatient procedure. If the procedure will be completed using general or local/MAC anesthesia, the case should be coordinated through the MSC.

If the procedure is completed using a local topical anesthetic or a local subconjunctival lidocaine or retrobulbar injection, the VR counselor/RA team completes the following steps for the Corneal Transplant process.

#### Corneal Transplant Process

1. Contact the facility to determine which eye bank the facility will use.
2. Call the eye bank directly to request a copy of the invoice as soon as it becomes available. The eye bank invoice is required before a service authorization is issued.
3. The invoice amount is typically set at zero since the authorized payment varies depending on the source of the tissue. Payment for the donor tissue is based on the eye bank's invoiced amount. VR does not pay for shipping, handling, or other processing fees.
4. VR staff must obtain a copy of the original eye bank invoice. Do not pay from the hospital or facility invoice. Retain the invoice in the customer's case file. The service record and service authorization for a MAPS purchase must be completed once the service is approved but before the service is ordered. The service authorization must only be completed once the actual eye bank invoice is received.

The invoice from the eye bank will not be received until immediately before the service. This delay occurs because corneal tissue is only shipped to the facility immediately before the surgery. The eye bank cannot ship the donor tissue until the last minute and there is no way of knowing the actual cost until the tissue is available and ready to be shipped.

It is necessary for VR staff to work closely with the eye bank in advance of the planned surgery to ensure the invoice is received as soon as possible. Typically, VR staff receives the invoice the day before the scheduled surgical procedure.

1. Once the eye bank invoice is received, send an email to [vr.mapsinquiry\_blindservices@twc.texas.gov](mailto:vr.mapsinquiry_blindservices@twc.texas.gov) to request to open V2785 in the amount shown on the invoice. The email must confirm that the requested amount does not include shipping, handling, or other fees.

For example: Please open V2785 in the amount of $xxx. This amount is the eye bank invoice amount without shipping or handling.

1. A medical services team member will open V2785 in the requested amount. You will be notified when the MAPS code has been opened.
2. Complete the service record and service authorization.
3. Required documentation must be completed in RHW before changing the amount requested.

#### Codes for a Corneal Transplant Procedure

* Keratoplasty lamellar (CPT 65710)
* Keratoplasty penetrating (CPT 65730)
* Keratoplasty penetrating in aphakia (CPT 65750)
* Keratoplasty penetrating in pseudophakia (CPT 65755)
* Keratoplasty (corneal transplant) endothelial (CPT 65756)
* Tissue code for facility (FAC 67530)
* Donor tissue (V2785)
* Backbench preparation of corneal endothelial allograft prior to transplantation (+ 65757)

Add-on codes apply to work that is always conducted in conjunction with a primary procedure. VR staff cannot bill for CPT code 65757 unless VR staff also bills for CPT code 65756.

For more information on corneal transplants, refer to Counselor Desk Reference CDR C2: Blind and Visual Impairments.

#### Vision Therapy

If vision therapy is recommended, consultation with the state optometric consultant is required.

The VR counselor must include the following in the state optometric consultant consultation request:

* Completed Form VR2351, Request for MAPS Consultation for Visual Services
* General medical and ophthalmological and/or optometric exams, and other relevant reports
* VR counselor observations of and knowledge about the customer's visual and perceptual difficulties
* Name and telephone number of a potential service provider, if known

VR staff then emails all the requests to [vr.mapsinquiry\_blindservices@twc.texas.gov](mailto:vr.mapsinquiry_blindservices@twc.texas.gov) and add "Vision Therapy Consultation" to the subject line.

For more information on vision therapy, refer to VRSM C-703-26 Rehabilitative Therapies.

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## C-704: Durable Medical Equipment

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### C-704-10: Hearing Aids

VR counselors may authorize hearing aids when they are expected to improve the customer's ability to participate in employment and/or training that is required for a specific employment outcome. Hearing aids are purchased to benefit a customer who is deaf, hard of hearing, DeafBlind, hearing impaired, or who would otherwise benefit from hearing aids as recommended by a licensed audiologist or hearing aid specialist. Recommendations from a licensed audiologist or hearing aid specialist are gathered before authorizing hearing aids. When authorizing hearing aids, the VR counselor also considers the effect of the customer’s hearing on specific training requirements, job requirements, and safety needs. The VR counselor documents the expected outcomes in the case file as part of the assessing and planning process.

The VR counselor develops the individualized plan for employment (IPE) to purchase hearing aids after receiving:

* a medical evaluation, as described below on Form VR3105B, Hearing Evaluation Report: Otological Examination, or medical records from the otologist or otolaryngologist including the medical evaluation, and dated within the last six months;
* an audiological assessment completed by a licensed audiologist or hearing aid specialist:
  + on the Form VR3105C, Hearing Evaluation Report: Audiometric Examination dated within the last six months; or
  + documented on audiological records containing the same audiometric and tympanometry required on Form VR3105C and dated within the last six months; and
* the completed hearing evaluation form with hearing aid recommendations recorded on Form VR3105D, Hearing Evaluation Report: Hearing Aid Recommendations.

It is recommended that a medical evaluation be obtained to rule out any medical reason for the customer’s hearing loss, such as infection, injury or deformity, ear wax in the ear canal, and in rare cases, tumors.

When the customer is 17 years of age or younger, a medical evaluation must be obtained by an otologist or otolaryngologist. Refer to VRSM E-200: Summary Table of Approvals, Consultations, and Notifications.

Medical evaluation:

* for seasoned hearing aid users (not a first-time hearing aid user) with no medical issues (for example, no sudden hearing loss or extreme changes in hearing loss), it is best practice to obtain a medical evaluation. The medical evaluation is completed by a physician or physician assistant or nurse practitioner who is supervised by a licensed physician. When a medical evaluation is not completed for a seasoned hearing aid user with no medical issues, the VR Supervisor (VRS) may waive the requirement for medical evaluation.  This waiver is entered in RHW as an Approval Request and Approval Response case note with the Add to Topic of “Waiver of Medical Evaluation for Seasoned Hearing Aid User”.
* for a first-time hearing aid user, a medical evaluation is required from an otologist or otolaryngologist. If the staff member is experiencing substantial delays in securing the evaluation by the otologist or otolaryngologist, the medical evaluation may be performed by the customer's PCP or if the customer does not have a PCP, the physician who performs the office's general medical evaluations may conduct the medical evaluation.

When the VR counselor receives a recommendation for a complete-in-canal (CIC) hearing aid, he or she ensures that the audiologist sufficiently justifies the added benefits of a CIC hearing aid when compared to an alternative style with the same capabilities.

It is advised that the VR counselor consult with a Texas Health and Human Services Commission (HHSC) [Deaf and Hard of Hearing technology specialist](https://hhs.texas.gov/services/disability/deaf-hard-hearing#resource-specialist)when considering the purchase of additional non-contracted technology recommended by the dispenser.

For information on purchasing hearing aids, refer to VRSM D-209-3: Contracted Goods and Services and VRSM D-210: Exceptions to Contracted Fees and MAPS Fees.

When an audiologist or hearing-instrument specialist provides a vocational justification that warrants an aid without a manual telecoil, it is recommended that the VR counselor consult with a local deaf and hard of hearing technology specialist before purchasing the aid. The VR counselor may request a workplace or environmental assessment completed by the deaf and hard of hearing technology specialist to identify additional technology needs.

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#### Hearing Aid Recommendations

The selected provider must complete Form VR3105D, Hearing Evaluation Report: Hearing Aid Recommendations, indicating the:

* brand name and model number (not serial number);
* type of hearing aid, such as:
  + behind-the-ear;
  + in-the-ear;
  + in-the-canal;
  + complete-in-canal; or
  + bilateral contralateral routing of signal;
* color selection;
* receiver information;
* earmold information;
* quantity of hearing aids;
* cost of hearing aids; and
* any required justifications.

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#### Process and Procedure

When the VR counselor receives, reviews, and approves a completed Form VR3105D, Hearing Evaluation Report: Hearing Aid Recommendations, two service authorizations (SA) are issued and submitted:

* one to the contracted hearing aid manufacturer for the purchase of the hearing aid(s) and any accessories, with delivery instructions indicating the name, account number, and address of the dispenser where the items are to be shipped with the completed VR3105D; and
* one to the hearing aid dispenser for related service fees and any accessories.

VR staff then submits the VR SA for the hearing aid and any accessories with the completed VR3105D the contracted hearing aid manufacturer for fulfillment. The contracted hearing aid manufacturer ships the hearing aid or aids and any accessories to the hearing aid dispenser for dispensing.

VR staff prints a copy of the hearing aid SA to a PDF file and notes on the SA “courtesy copy” and submits a copy of the SA to the hearing aid dispenser. Once the hearing aid dispenser receives the courtesy copy of the hearing aid SA, the dispenser:

* reviews the details on the courtesy copy SA; and
* notifies the VR staff of any discrepancies between the SAs in need of correction.

If a corrected SA is required, VR staff must provide:

* an updated SA to the hearing aid manufacturer; and

an updated courtesy copy to the dispenser.

The courtesy copy of the SA sent to the hearing aid dispenser also notifies the dispenser to send ear impressions for ear molds, if appropriate. Any changes made to the SA submitted to the hearing aid manufacturer must be documented in RHW and the updated SA must be resubmitted to the hearing aid manufacturer.

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#### Warranty

Hearing aids purchased from contracted hearing aid manufacturers have a three-year Loss/Damage warranty with No Cost for replacement. The customer should contact the VR counselor or staff to report issues with the hearing aid(s). When hearing aid(s) need to be replaced under the warranty, the audiologist, hearing aid specialist, and/or VR staff must complete Form VR3105G, Hearing Aid & Accessories Loss/Damage Replacement Request. If the form is completed by the audiologist or hearing aid specialist, the completed form is immediately sent to the field staff who ordered the services for the customer. Field staff will then submit the completed form to the manufacturer. The manufacturer will ship the replacement hearing aid(s) to the audiologist or hearing aid specialist listed on Form VR3105G and notify TWC VR staff of the shipment.

If the TWC case has been closed and/or there are no remaining visits for the original service charge, a new service charge for replacement hearing aid(s) may be paid to the audiologist or hearing aid specialist.

#### Returns

The hearing aid dispenser that dispensed the goods or equipment to the customer must provide written notice to the VR office that issued the SA when any goods or equipment purchased with VR funds are returned to the manufacturer for any reason. The hearing aid dispenser completes the Form VR3105F Hearing Aid and Hearing Aid Accessories Return and submits the completed form to the manufacturer with the returned items. The dispenser submits the completed form to the VR office immediately upon return of the items.

The Form VR3105F Hearing Aid and Hearing Aid Accessories Return form must include:

* the customer's name;
* the case identification number;
* SA number associated with the returned items;
* a description of the item returned;
* the reason for the return;
* the amount of credit due to VR; and
* the date and method that the item was returned including the bill of lading or shipment number from the carrier.

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### C-704-11: Cochlear Implant and Bone Anchored Hearing Aid Processor Replacement, including BAHA with headband or softband

The VR counselor may authorize replacement of cochlear implant and bone anchored hearing aid (BAHA) processors, including BAHA with headband or softband when they are expected to improve the customer's ability to participate in employment and/or training that is required for a specific employment outcome identified on the IPE. As part of the assessing and planning process, the VR counselor documents the expected outcomes, such as the expectation of an improved ability to understand spoken communication or respond to environmental cues.

TWC must use comparable benefits, when possible, when planning services related to hearing aids, cochlear implants, and BAHA, including BAHA with headband or softband for customers ages 18 and younger. To this extent, TWC may pay for any deductible, co-payments, and/or coinsurance for the provision of these goods and services if the total cost (insurance paid amount plus VR funds paid toward cost) does not exceed allowable VR contract rates.

Replacement of processors may not be authorized solely for the sake of upgrading to newer technology.

VR is the payer of last resort.

VRSM B-310-5 Comparable benefits and required VRSM B-310-6 Customer Participation in Cost of Services must be applied before VR funds are expended.

Because VR uses tax revenue for case service expenditures, the division must purchase the least expensive services that meet the customer's vocational needs. For more information, see the requirements in D-203-2: Best Value Purchasing.

With respect to VR's responsibility for payment, after the customer's primary and/or secondary benefit coverage has been applied and customer's ability to pay has been determined, VR may pay to the provider an amount equal to the customer's co-payment, coinsurance or deductible due. VR payment does not exceed the insurance allowed amount or the allowable VR rate or VR contract rate, whichever is less.

Careful consideration of the following must take place when assessing the need for such replacement:

* The customer's vocational goal, including tasks, functions, and work conditions, particularly where it relates to the customer's ability to hear and understand conversational speech and/or environmental sounds
* The potential impact on the customer's ability to obtain and maintain employment if replacement is not made
* The availability of assistive technology to enable the customer to gain full benefits in training or on the job
* The status of the customer's device, especially relating to:
  + warranty coverage;
  + physical condition; and
  + need for repair, if any.

The evaluation report completed by the audiologist and otologist must include:

* the diagnosis;
* recommendations for treatment, including a letter of medical necessity; and
* anticipated prognosis.

A courtesy packet is sent to the following for consultation before planning the purchase of any replacement processor:

* the VR program specialist for the deaf and hard of hearing (for all caseloads except Blind and Visual Impairment (BVI) caseloads); or
* the state office manager for blind services field support (for BVI caseloads).

The courtesy case packet includes the:

* medical, audiological, speech, and language evaluations and reports as specified above; and
* justification of how device replacement will lessen the vocational impediment.

Refer to the checklist on the Deaf and Hard of Hearing intranet page for items to be included in the courtesy packet.

After the VR program specialist for the deaf and hard of hearing or the state office manager for blind services field support reviews the courtesy packet, a case note documenting the consultation is entered in RHW.

VR Manager approval is required for cochlear implant and bone-anchored hearing aid processor replacement, including BAHA with headband or softband.

The cost of the recommended replacement processor may exceed the threshold set in MAPS. When this occurs, medical director consultation is required to override the pre-set rate in MAPS. To obtain medical director consultation, the VR counselor sends an email to [VR Medical Services](mailto:mailtovr.medicalservices@twc.texas.gov) along with the:

* evaluation report from the audiologist;
* manufacturer's quote for processor replacement; and
* VR justification for the upgrade.

All medical services related to replacement of processors are performed by otologists and licensed audiologists.